



THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re-U.S. Patent Application of

WATANABE

Application Number: 10/790,175

Filed: March 2, 2004

For: METHOD AND APPARATUS OF
REMOTE COPY FOR MULTIPLE
STORAGE SUBSYSTEMS

Attorney Docket No. HITC.0003

Art Unit 2185

Examiner
Campos, Yaima

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims | 22 | 21 | 1 (Over 20) | x \$50 | 50.00 |
| Independent Claims | 3 | 3 | XXX (Over 3) | x \$210 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$370 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | | TOTAL | 50.00 |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

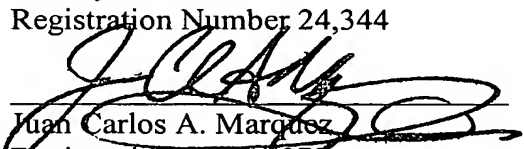
[x] Response to the Office Action
(w/claim amendments)
[] Substitute Specification
[] Preliminary Amendment
[x] Information Disclosure Statement
w/ 1449 Form and references

[x] Petition for Extension of Time (1 month)
[] Terminal Disclaimer
[] Letter to Draftsperson w/ __ sheets of
replacement drawings
[] RCE

- ☐ Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- ☒ Checks in the amount of **\$180.00, \$120.00 and \$50.00** to cover the IDS, 1-Month Extension and excess claims fees are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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April 4, 2008